

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90010 016 ***150.00

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DOCUMENT # G99814

1. Corporation Name

SERVICOL INTERNATIONAL, CORP.

Principal Place of Business

8015 N.W. 29TH ST.
MIAMI FL 33122
US

Mailing Address

8015 NW 29TH ST
MIAMI FL 33122
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/25/1984

4. FEI Number

59-2400428

Applied For

Not Applicable

5. Certificate of Status Desired

☐ -

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes

☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

Country

9. Name and Address of Current Registered Agent

FLAHERTY, ASTRID

15489 MIAMI LAKE WAY NORTH #202
MIAMI FL 33014

10. Name and Address of New Registered Agent

81 Name

FLAHERTY, ASTRID

82 Street Address (P.O. Box Number is Not Acceptable)

14431 N.W. 83th Avenue

83

84 City

MIAMI LAKES

FL

85 Zip Code

33016

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE PD
NAME FLAHERTY, ASTRID
STREET ADDRESS 15489 MIAMI LAKEWAY N #202
CITY-ST-ZIP MIAMI FL

☐ DELETE

TITLE VSD
NAME CAUNEDO, AGUSTIN
STREET ADDRESS 2030 NW 94TH AVE
CITY-ST-ZIP MIAMI FL

☐ DELETE

TITLE VPT
NAME CAUNEDO, ZUNILDA
STREET ADDRESS 2030 NW 94TH AVE
CITY-ST-ZIP MIAMI FL

☐ DELETE

TITLE M
NAME TOBON, CARLOS
STREET ADDRESS 9749 SW 138 AVE
CITY-ST-ZIP MIAMI FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

1.1 TITLE PD
1.2 NAME FLAHERTY ASTRID
1.3 STREET ADDRESS 14431 N.W. 83th Avenue
1.4 CITY-ST-ZIP MIAMI LAKES FLA 33016

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Astrid Flaherty
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Jan 4/99 (305) 471-0417

CR2E034 (11/98)